

CHANGE IN BENEFITS as of JULY 1, 2002

As of July 1, 2002, your Medicaid program benefits will be reduced. Your co-payment and co-insurance amounts will go up.

If you are assigned to an HMO, you will continue to get services through your HMO.

Eligibility:

The change in your benefit plan applies to

- Parents ages 19 through 64.
- Parents who receive only Medicaid and parents who also receive cash assistance from the Utah Family Employment Program (FEP).
- Parents who move from FEP to a job and receive transitional Medicaid.
- Parents who receive Family Medicaid and pay a spend down to be eligible for coverage.

This change does not apply to children or to adults who are disabled, blind, age 65 or older, or pregnant.

If you receive this notice but believe you fit into one of the groups just mentioned, ask your eligibility worker about it.

The eligibility card will be Blue.

Services provided, but some with additional reductions and limitations:

- Inpatient, outpatient, and emergency department services in an acute care general hospital
- Physician services
- General preventive services and health education given as part of regular office visits
- Family planning services consistent with current Medicaid policy
- Laboratory and radiology services consistent with current Medicaid services
- Pharmacy, with limitations for this plan
- Dental Services, limited to relief of pain and infection
- Vision services, limited to examinations
- Mental health with limitations
- Substance abuse services with limitations
- Physical therapy, occupational therapy, chiropractic services with limitations
- End State Renal Disease - dialysis consistent with current Medicaid policy
- Home health services consistent with current Medicaid services
- Hospice Services consistent with current Medicaid Services
- Medical supplies and equipment consistent with current Medicaid services
- Sterilization and/or abortion based on medical necessity and federal and state regulations, consistent with current Medicaid policy
- Organ transplants, limited for this program
- Emergency Transportation services, limited to ambulance for medical emergencies only
- Outside medical services in free standing surgical center, emergency centers (InstaCare type), or birthing centers if chosen by the Plan administrators
- Targeted Case Management for the homeless, consistent with current Medicaid policy
- Targeted Case Management for HIV/AIDs, consistent with current Medicaid policy
- Interpretive services, provided by entities under contract to Medicaid

Services which will be eliminated:

- Allergy testing and injections
- Non-emergency transportation, including bus passes, taxi, and vans
- Speech-language and audiology services

- Podiatry services
- Long term care
- Private duty nursing

Co-Payment and Co-insurance:

These payments will change starting July 1, 2002. Pay them even if you have other insurance coverage including Medicare. You are responsible for the co-payment and co-insurance. The payments will be:

- Non-emergency hospital inpatient services – a \$220 co-insurance for each inpatient admission.
- Non-emergency use of the emergency room – a \$6 co-payment for each visit.
- Physician and physician related services – a \$3 co-payment per visit, excluding preventive and immunization services.
- Prescription drugs – a co-payment of \$2 per prescription, no monthly dollar limitation.
- Vision Services – a maximum annual benefit of \$30. All charges over the annual benefit of \$30 will be your responsibility.

The **maximum out-of-pocket** cost for all co-payment and co-insurance payments will be **\$500 per calendar year** per person.

If you have questions, please call 538-6155 or 1-800-662-9651